

SACRED HEART ROMAN CATHOLIC CHURCH
 Family Registration
 37 Schuyler Avenue, Stamford, CT 06902
PLEASE COMPLETE THE FOLLOWING AND RETURN IT TO THE RECTORY OFFICE OR
DROP IT IN THE COLLECTION BASKET NEXT WEEKEND. THANK YOU.

Family Last Name _____ First Name _____ Spouse First Name _____
 Address _____ Phone () _____
 City _____ State _____ Zip _____ E-mail _____
 Date Registered _____ Marital Status _____ Number of Children at Home _____

Individual Member Information

Role: Head Of Household _____
Parish Status: Active _____ Inactive _____
 First Name _____ Last Name _____
 Gender: Male _____ Female _____ Maiden Name _____
 Date of Birth: Mm/Dd/Year _____
 E-Mail _____
 Work Phone _____ Cell Phone _____
 First Language _____ Other Language _____
 Occupation/Employer _____
 Sacramental Info: Catholic? _____ Baptized? _____ Confession? _____
 First Communion? _____ Confirmation? _____
 Married? _____ Married by a Catholic Priest? _____ Single? _____ Widow? _____

Role: Spouse _____
Parish Status: Active _____ Inactive _____
 First Name _____ Last Name _____
 Gender: Male _____ Female _____ Maiden Name _____
 Date of Birth: Mm/Dd/Year _____
 E-Mail _____
 Work Phone _____ Cell Phone: _____
 First Language _____ Other Language _____
 Occupation/Employer _____
 Sacramental Info: Catholic? _____ Baptized? _____ Confession? _____
 First Communion? _____ Confirmation? _____
 Married? _____ Married By A Catholic Priest? _____ Single? _____ Widow? _____

Dependent Children Information

First Name _____ Last Name _____
 Gender: Male _____ Female _____ Relationship: Son _____ Daughter _____
 Date of Birth _____ Birthplace _____
 First Language _____ Other Language _____
 Sacraments received with dates if known:
 Baptism _____ Confession (Reconciliation) _____
 First Communion _____ Confirmation _____

Dependent Children Information

First Name _____ Last Name _____
 Gender: Male _____ Female _____ Relationship: Son _____ Daughter _____
 Date of Birth _____ Birthplace _____
 First Language _____ Other Language _____
 Sacraments received with dates if known:
 Baptism _____ Confession (Reconciliation) _____
 First Communion _____ Confirmation _____

Other Members Of Household:

First Name _____ Last _____
 Gender: male _____ female _____
 Maiden Name _____ Date of Birth: MM/DD/Year _____
 Sacramental Information: Catholic? _____ Baptized? _____ First Communion? _____ Married? _____
 Married in Catholic Church? _____ Single? _____ Widow? _____
 First Language _____ Other Language _____

Please take home and fill in all blank boxes and return to SACRED HEART RECTORY.

For additional information please use reverse side of form. Thank you.